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CONFIRMATION NO. 5323

SERIAL NUMBER 09/842,283	FILING DATE 04/24/2001 RULE	CLASS 705	GROUP ART UNIT 2162 3626	ATTORNEY DOCKET NO. CRNC.86595
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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/189,731 11/10/1998
WHICH IS A CON OF 08/629,763 04/08/1996 PAT 5,833,599 *
WHICH IS A CON OF 08/167,286 12/13/1993 ABN
(*) Data inconsistent with PTO records.

OK NP

** FOREIGN APPLICATIONS *****

NONE NP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 22	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>NP</i> Initials <i>NP</i>				

ADDRESS

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TITLE

Providing patient-specific drug information

FILING FEE RECEIVED
840

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____